

immediate neighborhood, and infers that the blood escaped per rhexin. He was unable to find any evidence of rupture of capillary walls, although old and recent collections of blood were often found throughout the uterine tissue. The diagnosis of this condition can be made only by exclusion. The material removed by curettement gives no clue to it. The writer holds that vaginal hysterectomy is clearly indicated in cases which resist all milder methods of treatment, atmokausis being uncertain in its results.

Abdominal Hysterectomy for Cancer.—DÜDERLEIN (*Centralblatt für Gynäkologie*, No. 26, 1902) begins a clinical lecture on the radical operation with the statement that five years should be allowed to elapse before a case is reported as cured. He cites the statistics of the Tübingen clinic for five years, in which 141 cases of total extirpation are recorded, with a mortality of 16 per cent.; 38 per cent. remained free from recurrence, 15 per cent. after the lapse of three years.

The writer speaks highly of Wertheimer's method of radical abdominal extirpation, and reports twenty-six cases operated upon by him since January of the present year, twenty patients surviving. He regards necrosis of the ureters as a real danger when they are denuded to a considerable extent. As regards the removal of glands, he notes that this was done in eighteen cases, cancerous infiltration being certainly observed in seven. Hardness of a gland, he believes, aside from increase in size, is a reliable criterion of infection. One must always fear that impalpable foci of disease in the lymph vessels and node have been overlooked. Probably in only one-third of the cases can infected glands be recognized and removed, which are always so situated that they could not be reached per vaginam. The writer concludes that this difficult and dangerous operation offers too little prospect of a radical cure to justify resort to it simply to prolong life.

Oil Enemata.—PUSINELLI (*Medizinische Wochen.*, No. 45, 1901) uses a quart of sweet oil in a three-necked flask, with one neck of which a vessel of water is connected, the pressure of which forces out the oil. The following indications for this treatment are recognized: Chronic constipation, especially when occurring in connection with membranous enteritis. In cases of neoplasm of the large intestine, especially cancer, accompanied by colicky pains and the passage of blood and mucus, oil injections give great relief where the question of operative intervention cannot be entertained. In recurrent appendicitis the writer finds this treatment excellent; also in the first stage in acute cases to relieve painful peristalsis and to clear the intestines of fecal masses. Obstinate constipation in women, accompanying enteroptosis, yields better to oil injections than to laxatives.

Treatment of Congenital Antelexion.—ALEXANDROFF (*Frauenarzt*, Heft 193) describes the following operation for the relief of dysmenorrhœa due to congenital antelexion: The os externum is drawn apart with two pairs of bullet-forceps, while an incision is carried downward along the anterior vaginal wall, beginning at the portio. The cervix is dissected off as in vaginal hysterectomy as high as the os internum, is then split, and each half is sutured to the edge of the vaginal wound on either side, in such a

way that the cervical endometrium is united to the submucous muscular layer of the vagina. The flaps of mucous membrane are next allowed to slide over the sutured edges, to which they are also sewn, thus covering all raw surfaces. A strip of iodoform gauze is introduced into the canal and the vagina is tamponed. The stitches are removed on the tenth day and the patient may leave her bed two days later.

Transplantation of Ovaries.—ROXAS and LUKASIEWICZ (*Frauenarzt*, Heft 194) found experimentally that ovaries can be transplanted from one animal to another, not only of the same, but of different species, and thus the after-effects of castration (non-oxidation of fats and hydrocarbons) can be prevented. The transplanted ovaries usually grow and retain their functions, though in some cases they atrophy within the first three months after operation, from insufficient vascular supply. The usual climacteric atrophy of the genitals and increase in adipose do not appear until later. The writer adds certain cautions with regard to technique. Strict asepsis must be maintained. The transplanted ovary must be carefully sutured to the mesovarium, as nearly as possible in its normal position, its lower half being covered with peritoneum. No stitches should be passed through ovarian tissue. Care must be taken that no pressure is made upon the ovary by neighboring organs.

Etiology of Hydrosalpinx.—MEEDERNOORT (*Revue de Gyn. et de Chir. Abdom.*, No. 4, 1901) discusses the question whether hydrosalpinx can develop without a previous catarrhal inflammation of the tube. Since the tube normally contains a small quantity of serous fluid, which is increased during menstruation, it follows that the hyperæmia of the tubal mucosa accompanying any abnormal condition of the uterus, especially fibromata, would naturally result in profuse secretion. This may also occur at the time of the climacteric.

Besides the accumulation of serous fluid in the tube, its distal end must be occluded. This may readily follow any mild degree of inflammation in the neighborhood, or even loss of the epithelial layer in consequence of extreme hyperæmia. A case is reported which developed at the menopause; careful microscopic investigation showed no evidence of inflammatory changes.

The Glands in Cancer of the Breast.—OZENNE (*Revue prat. d'Obstétrique et de Gynécologie*, 1901, No. 11) was able to keep twenty-three cases of cancer of the breast under observation from two to five years. In eleven cases the breast alone was removed, as the glands showed no evidence of being involved. In one instance, where the patient lived for ten years after operation, an enormous enlargement of one of the retropectoral glands was not disturbed, as it was regarded as purely inflammatory—in fact, it disappeared spontaneously.

Twelve patients from whom the axillary glands were removed at the same time with the breast had a recurrence within a year after operation. The writer refrained from removing the axillary glands in nine subsequent cases, with the result that two patients are now alive four years after operation, and five lived from two to three and a half years. The writer infers that